

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number	10/827,410	RECEIVED
Filing Date	April 19, 2004	CENTRAL FAX CENTER
First Named Inventor	Timothy DONOHUE	FEB 14 2005
Group Art Unit	3743	
Examiner Name	Nihir B. PATEL	Fax: (703) 872-9302

Total No. of Pages in this Submission: 11

Attorney Docket Number DONTIM P01AUS

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
<input type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Gary D. Clapp DAVIS & BUJOLD, P.L.L.C.	Reg. No. 29,055 CUSTOMER NO. 020210
-------------------------	---	--

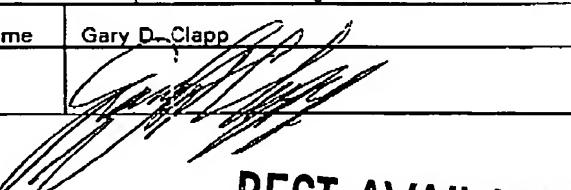
Signature

Date

February 14, 2005

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO on February 14, 2005 ♥ ♥ ♥

Type or printed name	Gary D. Clapp
Signature	

Date: February 14, 2005

BEST AVAILABLE COPY

BEST AVAILABLE COPY

2/14/05

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Timothy DONOHUE
Serial no. : 10/827,410
Filed: : 19 April 2004
For : COOL AIR INHALER
Group Art Unit : 3743
Examiner : PATEL, Nihar B.
Docket : DONTIM P01AUS

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
CENTRAL FAX CENTER
FEB 14 2005

RESPONSE

Dear Sir:

This response is being filed in reply to the Official Action mailed November 15, 2004.

In response, please amend the present Application as follows:

Please amend the above identified Application as follows:

In the Specification:

Please amend paragraphs [022] and [028] of the specification as follows in which the specification additions are shown by underlining and the specification deletions are shown by strikeout. Please enter the replacement specification paragraphs into the record of this case.

In the Claims:

Please enter new claim 5 and amend claims 1 and 4 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended claims into the record of this case.